per inch) in the unshaded areas only



Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

Date Received RECTO Official Use Solve.

United States Environmental Protection Agency

NOV 28 1994

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ID - For Official Use Only



. Type of Regulated Waste Activity (Mark 'X' A. Hazardous Waste		B. Used Oil R	ecycling Activities
Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes  ode of Transportation 1. Air 2. Rali 3. Highway 4. Water	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boller and/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace Underground injection Control	1. Used Oil Fuel N a. Marketer Din Oil to Off-Sp b. Marketer Wh Oil Meets the 2. Used Oil Burn Combustion De a. Utility Boller b. industrial Bo c. industrial Bo c. industrial Fo 3. Used Oil Trans of Activity(ies) b. Transfer Fa	larketer sets Shipment of Used ecification Burner to First Claims the Use e Specifications er - Indicate Type(s) ( evice(s)  coller imace porter - Indicate Type( cility ssor/Re-refiner - Indicate
Description of Hazardous Wastes (Use add	litional sheets if necessary)		
. Characteristics of Nonlisted Hazardous V nonlisted hazardous wastes your installation ha	Vastes. (Mark 'X' in the boxes correspondes; See 40 CFR Parts 261.20 - 261.24	nding to the characte )	eristics of
gnitable 2. Corrosive 3. Reactive 4. Toxic (D001) (D002) (D003) Chart	ty acteristic (List specific EPA hazardous waste n	umber(s) for the Taxicity	
Listed Hazardous Wastes. (See 40 CFR 261	.31 - 33; See instructions if you need to I	·	
7 8 S	3 4 9 10	11	12
. Other Wastes. (State or other wastes requiring		instructions.)	6
1 2	3 4		
L Certification		ov direction or SUDED	vision in accordance witi
I certify under penalty of law that this document as system designed to assure that qualified personnel or persons who manage the system, or those persones to fine knowledge and belief, true, accurate, an including the possibility of fine and imprisonmen	ons directly responsible for gathering the decomplete. I am aware that there are sign	I-I	metion exibmitted is, to t
Signature	I Official Title /Time or r	print)	Date Signed
Ronald of Clour	RONALD J. CLOUSE	GEN MGR	4/21/77
XI, Comments			

Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). **Date Received Notification of Regulated** REOF Official Use Only **Waste Activity** NOV 28 1994 United States Environmental Protection Agency L Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B.** Subsequent Notification A. First Notification TAD098721517 (Complete item C) II. Name of Installation (Include company and specific site name) MACKAY ENVELOPE III. Location of Installation (Physical address not P.O. Box or Route Number) AVE 1500 MACKAY Street (Continued) MIT Zip Code City or Town PLEASANT County Name HENRY IV. Installation Mailing Address (See Instructions) Street or P.O. Box Zip Code State City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) (First) Name (Last) ROWALD CLOUSE Phone Number (Area Code and Number) Job Title 319-385-9061 GEN MGR VI. Installation Contact Address (See Instructions) A. Contract Address B. Street or P.O. Box Zip Code City or Town VII. Ownership (See Instructions) A. Name of installation's Legal Owner Street, P.O. Box, of Route Number State Zip Code City or Town D. Change of Owner Indicator (Date Changed) nth Day C. Owner Type B. Land Type Phone Number (Area Code and Number) EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

RCRA FILE COPY

DOCUMENT # ....

same location 911 address

RCRIS data entered

BY\_\_

ON \_\_\_\_

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

		ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Ma	ark 'X' in the appropriate boxes; Refer to inst	ructions)
A. Hazardous W	aste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rali 3. Highway 4. Water 5. Other - specify	□ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  4. Hazardous Waste Fuel □ a. Generator Marketing to Burner □ b. Other Marketers □ c. Boiler and/or Industrial Furnace □ 1. Smelter Deferral □ 2. Small Quantity Exemption Indicate Type of Combustion Device(s) □ 1. Utility Boiler □ 2. Industrial Boiler □ 3. Industrial Furnace	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  b. Marketer Who First Claims the Use Oil Meets the Specifications  2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)  a. Utility Boiler  b. Industrial Boiler  c. Industrial Furnace  3. Used Oil Transporter - Indicate Type(s) of Activity(ies)  a. Transporter  b. Transfer Facility  4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  a. Process  b. Re-refine
IX. Description of Hazardous Wastes (Use	additional chasts if necessary)	SHIP IN CASE OF THE PARTY OF
1. Ignitable 2. Corrosive 3. Reactive 4. To	IS Wastes. (Mark 'X' In the boxes correspon handles; See 40 CFR Parts 261.20 - 261.24)  oxicity theracteristic (List specific EPA hazardous waste nu	
B. Listed Hazardous Wastes. (See 40 CFR 2	3 4 9 10 10 10 10 10 10 10 10 10 10 10 10 10	5 6 11 12 12 12 12 12 12 12 12 12 12 12 12
C. Other Wastes. (State or other wastes requ	iring a handler to have an I.D. number; See in	nstructions.)
X. Certification  I certify under penalty of law that this document system designed to assure that qualified personn or persons who manage the system, or those per best of my knowledge and belief, true, accurate, including the possibility of fine and imprisonment.	el properly gather and evaluate the information rsons directly responsible for gathering the inf and complete. I am aware that there are signific	submitted. Based on my inquiry of the person ormation, the information submitted is, to the
Signature  Ronald of Clour	Name and Official Title (Type or prin	Date Signed  11/21/94
XI. Comments		
Note: Mail completed form to the appropriate EP	A Regional or State Office. (See Section III o	f the booklet for addresses.)

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.



## Mackay Envelope Corporation

Iowa Division 

1500 Mackay Ave.

Mt. Pleasant, IA 52641





U.S. EPA Region 7 RCRA Branch Attn: WSTM/RCRA/IOWA 726 Minnesota Ave. Kansas City , KS 66101